

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>462765</i>	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				1			
2		1		1				1		
3		1		1				1		
4		3		1				1		
5		3		1				1		
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7		3		1				1		
8	1		1					1		
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45	1		1					1		
46	1		1					1		
47	1		1					1		
48	1		1					1		
49	1		1					1		
50	1		1					1		
TOTAL IND.								1		
TOTAL DEP.								1		
TOTAL CLAIMS								1		